RUSHDEN URBAN DISTRICT

★

ANNUAL REPORT

of the

Medical Officer of Health

for the

Year 1969

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SUMMARY OF VITAL STATISTICS, 1969

Area (in acres)	3823.2
Population 1961 (census)	17,377
,, 1969 (mid-year estimate)	18,130
Number of separate dwellings occupied 1961 (census) ...	6,107
,, ,, ,, ,, ,, 1969 (estimate) ...	7,193
Rateable Value, 1/4/69	£734,752
Product of a penny rate, 1969/70: Estimated	£3,020

Live Births

	Male	*Female*	*Total*
Legitimate	159	153	312
Illegitimate	11	10	21
	170	163	333

Rate per 1,000 population—18.4
Area Comparability Factor—1.08
Adjusted rate per 1,000 population—19.9

Stillbirths

	Male	*Female*	*Total*
Legitimate	3	3	6
Illegitimate	—	1	1
	3	4	7

Rate per 1,000 live and still births— 21

Deaths (all causes)	124	92	216

Rate per 1,000 population—11.9
Area Comparability Factor—0.94
Adjusted rate per 1,000 population—11.2

Maternal Deaths

Deaths ascribed to pregnancy, childbirth and abortion—0

Infant Mortality

	Male	*Female*	*Total*
Legitimate	3	1	4
Illegitimate	—	—	—
	3	1	4

Rate per 1,000 live births—12

Rushden Urban District Council.

Members of the Public Health Committee :

Councillor J. E. Wills (Chairman), Councillors A. Allebone, H. W. Catlin, R. D. Gilhooley, G. V. R. Hooton, Mrs. G. Marriott, E. E. Newell, A. Sands and Mrs. D. E. Shrive.

Councillor R. H. Marriott, Chairman of the Council, was a member *ex-officio*.

Public Health Officers of the Local Authority :

Acting Medical Officer of Health :

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.

also holds appointments of

Medical Officer of Health, Brackley and Daventry Borough Councils, Brackley, Daventry, Brixworth, Northampton and Towcester Rural District Councils, Acting Medical Officer of Health to Oundle, Raunds Urban District, Oundle and Thrapston Rural and Higham Ferrers Borough and Senior Assistant Medical Officer Northamptonshire County Council.

Chief Public Health Inspector, Meat Inspector :

H. W. Ellis, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector :

L. Saunby, M.A.P.H.I.

Meat Inspector :

J. Bamber

Area Health Office,
7 Cheyne Walk,
Telephone: Northampton 34833 Northampton.

To the Chairman and Councillors of the Urban District of Rushden.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report for 1969 incorporating that of the Public Health Inspector.

The report is presented in eight sections, each dealing with a separate aspect of environmental control; the first on natural and social conditions; the second on the provision of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food; the sixth on the control of infectious and other diseases; the seventh on the Factories Act 1961, and the eighth the statistical tables. In addition, while, increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The vital statistics for the year show that according to the mid-year figure of the Registrar General the population has increased to 18,130 from 17,850 and that the number of births has decreased to 333 from 358, and that there were 17 fewer deaths, the figures being 216 in 1969 and 233 in 1968.

The incidence of infectious disease was, apart from measles, low; measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infection could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed. While the town has been fortunate during the year in having only 1 case of food borne infection, the condition is generally far too prevalent. It is essential that there is constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies

with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.

Thus, the environmental control of the town has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty two district councils of the County and County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.

Political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection

on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel allying them with other local government officers rather than their colleagues has resulted in a steady decline in recruitment. Local authorities have in some instances also failed to recognise the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving on the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individual's response to life in an affluent society.

Finally, I emphasise each year, what are the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self-indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette

smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary preven-

tion, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly, will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

I wish to record my thanks to Mr. Ellis for his diligent work throughout the year, his staff and the Chairman, the Clerk and Members of the Council for their interest and support. I wish also to thank the County Medical Officer of Health for his ready co-operation at all times.

I have the honour to be,

Your obedient servant,

JOAN M. ST. V. DAWKINS,

Acting Medical Officer of Health

October, 1970.

Contents

SECTION A.

NATURAL AND SOCIAL CONDITIONS.

Area. The Urban District of Rushden covers 3,823.2 acres. There are a number of housing estates on the perimeter and many of the houses in the town itself have open spaces in their vicinity, together with adequate provision of other parks and green spaces. The main industry is the manufacture of boots and shoes, but there are many other industries.

The density of population is 4.7 persons per acre. The number of separate dwellings is 7,193 and the housing factor is 2.5 persons per house.

Population. The Registrar General in his return for 1969 gives the population of Rushden as 18,130. This shows an increase of 280 on the figure for the previous year. There was, however, a natural increase of 117 (i.e. births minus deaths).

Births. There were 333 births during the year, 25 less than in 1968. The birth rate was 18.4 per 1,000 population, compared with 16.3 for England and Wales. The following table shows comparisons with England and Wales and the Administrative County over the past five years.

	Rushden		*County*	*England & Wales*
Year	*Total*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*
1965	363	20.63	18.85	18.1
1966	355	20.08	18.54	17.7
1967	333	18.82	18.00	17.2
1968	358	20.1	18.80	16.9
1969	333	18.4	18.10	16.3

Illegitimate Births. There were 21 illegitimate births compared with 27 in 1968 giving a rate of 63.0 per thousand births compared with 76.0 for the previous year.

Stillbirths. There were seven stillbirths compared with three in the previous year, the rate per 1,000 live and stillbirths was 21.0 compared with 14.0 for the county and 13.0 for England and Wales.

Deaths. There were 216 deaths during the year, 17 less than in 1968. Almost 50 of the deaths recorded were due to cancer while diseases of the heart and circulatory system accounted for nearly 100 deaths during 1969.

	Rushden		*County*	*England & Wales*
Year	*Total*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*	*Rate per* 1,000 *population*
1965	216	12.28	10.85	11.5
1966	226	12.78	11.12	11.7
1967	200	11.32	10.10	11.2
1968	233	13.1	10.9	11.9
1969	216	11.9	10.9	11.9

Maternal Deaths. There were no maternal deaths.

Infant Mortality. There were 4 infant deaths during the year, one more than in 1968. The mortality rate was 12.0 per thousand live births compared with 8.4 for 1968.

The following table gives a comparison between the infant mortality rate for Rushden, the Administrative County and England and Wales over the last five years.

	Rushden		*County*	*England & Wales*
Year	*Total*	*Rate per* 1,000 *live births*	*Rate per* 1,000 *live births*	*Rate per* 1,000 *live births*
1965	5	13.8	16.9	19.0
1966	4	11.3	16.0	19.0
1967	9	27.0	17.6	18.3
1968	3	8.4	19.00	18.0
1969	4	12.0	16.07	18.0

Neonatal Mortality. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life. Two of the infant deaths were in this period, the rate per 1,000 live births being 6.0 compared with 5.6 for 1968. The following table shows the neonatal mortality rate over the last five years.

	Deaths under one month per 1,000 live births				
	1965	**1966**	**1967**	**1968**	**1969**
Rushden	11.0	5.5	21.0	5.6	6.0

Perinatal Mortality. A total of nine cases (7 stillborn and 2 deaths under 1 week) came into this category, the mortality rate being 26.0 per 1,000 live and stillbirths.

CAUSES OF DEATH 1969

	Causes of Death	*Male*	*Female*	*Total*
B18	Other Infective and Parasitic diseases ...	—	1	1
B19(3)	Malignant neoplasm, stomach	2	3	5
B19(4)	Malignant neoplasm, intestine	2	2	4
B19(6)	Malignant neoplasm, lung, bronchus ...	11	2	13
B19(7)	Malignant neoplasm, breast	—	2	2
B19(8)	Malignant neoplasm, uterus	—	3	3
B19(9)	Malignant neoplasm, prostate	4	—	4
B19(10)	Leukaemia	2	—	2
B19(11)	Other malignant neoplasms	11	5	16
B21	Diabetes Mellitus	2	2	4
B46(1)	Other endocrine etc. diseases	—	1	1
B46(3)	Mental disorders	—	1	1
B46(4)	Other disease of nervous system, etc. ...	1	1	2
B26	Chronic rheumatic heart disease	2	4	6
B27	Hypertensive disease	8	9	17
B28	Ischaemic heart disease	27	18	45
B29	Other forms of heart disease	3	1	4
B30	Cerebrovascular disease	13	13	26
B46(5)	Other disease of circulatory system ...	5	7	12
B32	Pneumonia	7	3	10
B33(1)	Bronchitis and emphysema	10	6	16
B33(2)	Asthma	1	1	2
B46(6)	Other disease of respiratory system ...	2	—	2
B35	Appendicitis	1	—	1
B36	Intestinal obstruction and hernia	—	2	2
B46(7)	Other disease of digestive system	1	—	1
B39	Hyperplasia of prostate	1	—	1
B46(8)	Other diseases, genito-urinary system ...	—	2	2
B46(10)	Disease of musculo-skeletal system ...	1	—	1
B43	Birth, injury, difficult labour, etc. ...	1	—	1
B44	Other causes of perinatal mortality ...	—	1	1
BE47	Motor vehicle accidents	2	—	2
BE48	All other accidents	2	2	4
BE49	Suicide and self-inflicted injuries ...	2	—	2
	Total	124	92	216

Out of a total of 216 deaths, 50 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer, respiratory infection or accidents.

It is well to reflect, each year, on these early deaths, and to assess the need for prevention in these groups.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1968, it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailing of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:

1. The education of youth not to take up smoking.
   (In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)

2. The exerting of the influence of health workers.
   (The medical profession have recognised the hazard, and now

*_Smoking and Health_ by Professor C. M. Fletcher and Dr. D. Horn. W.H.O. Publication.

only a quarter of British male doctors smoke. Their death rate from lung cancer is now only $\frac{2}{5}$ of the national figure.)

3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7,383 were killed on the roads as compared with 6,810 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:

Cause of Death	*Age-group (years)*					*Sex*		*Total Deaths*
	0–4	5–14	15–44	45–64	65+	*Male*	*Female*	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and Scalds ...	123	45	60	135	428	325	466	791
Suffocation and Choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,986	7,909
Death Rate* ...	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

*Deaths per 100,000 population

The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

Comparative Figures for 5 Years 1963-1967

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table:

Cause of Death	**1963**	**1964**	**1965**	**1966**	**1967**
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and Scalds ...	1,058	886	872	951	791
Suffocation and Choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,229	8,646	8,487	8,583	7,909

Home Accidents—Cause of Death

Falls

56% of total deaths—in one year (1967) (4,407 cases)
89% of victims were aged 65 or over
60% were falls on one level, tripping, slipping, stumbling
25% were falls from one level to another

Common causes of falls on one level are—slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are—lack of handrails or unsteady banisters causing falls downstairs; poor lighting

on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight, undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention. Risk of falls can be reduced by maintaining floor surfaces in good repair, wiping up spilt water or grease immediately; being tidy about the house; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children and elderly people. Beds should not be too high, or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.

Poisoning

19% of all fatal home accidents in 1 year (1967)
43% of poisoning accidents involved household gas (642 cases)
57% involved drugs, chemicals and all other causes of poisoning (775 cases)

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness, is most often the basic cause.

Other forms of poisoning include overdoses of medicines; leaving medicines within reach of children; failure to use medicine cupboard; not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention. To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing, see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning—keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5ml. spoon for liquid medicines; get rid of surplus

medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals—avoid transferring to other containers, especially those previously used for food or drink; label clearly; store out of reach of children, especially in garage, shed or greenhouse; observe manufacturers' warnings and instructions.

Burns and Scalds

10% of all fatal home accidents in 1 year (1967) were burns and scalds (791 cases)

Deaths are caused by—falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires, overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids—overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.

Prevention. To prevent burning accidents all coal fires should have fixed guards (to British Standards 2788 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe—metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep pan handles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

Suffocation and Choking

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and

cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention. To prevent suffocation and choking never " prop-feed " infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.

Other Risks

In one year (1967) 489 people died from other accidental causes; these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.

Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

The Human Factor in Accidents

Every home accident involves a clash between a human being and something in the home environment, in which the human being sustains injury. Accidents are more likely to happen when people are ill, emotionally upset, depressed, or under physical strain.

Bodily conditions which may cause risk are poor sight, failure of the sense of smell, tendency to dizziness; weakened muscles, epilepsy, arthritic heart conditions, the lack of co-ordination of toddlers, slowing down of reaction in old age.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES.

Laboratory Service. The area is covered by the public health laboratory at Northampton directed by Dr. Hoyle, and a laboratory at Kettering General Hospital with a branch at the Rushden Memorial Hospital, The Hayway, Rushden directed by Dr. Voss. The Public Health Laboratory at Northampton provides facilities for the routine examination of water and milk samples, washed bottle rinses, churn rinses and the examination of ice-cream and ice lolly samples. Both laboratories provide facilities for the examination of specimens in connection with the control of communicable diseases. The laboratories at the Hayway and the Park Hospital, Wellingborough serve the public by providing facilities for the examination of specimens for patients on the direction of their own family doctor.

Ambulance Service, Nursing in the Home and Home Help. The services are provided by the County Council and the area is well covered. All three provide an excellent service to the community.

Hospital Accommodation and Out-patient Facilities. The Oxford Regional Hospital Board is responsible for these services a list of which is as follows:

General Hospitals—Northampton and Kettering.

Wellingborough:

Wellingborough Hospital—Gynæcological.
Highfield Hospital—Acute medical and skin cases and children.
Park Hospital—Chronic sick, the aged and old persons in need of care and attention.
Maternity Block attached to the Park Hospital.

Rushden Hospital—Tuberculosis and other diseases of the chest. Also beds available for skin cases.

Northampton :

Manfield Orthopædic Hospital.
Infectious Diseases—Harborough Road Hospital.

Out-patient facilities are available at the General Hospitals and also at the Rushden Memorial Hospital. The following out-patient clinics are held at the Rushden Memorial Hospital.

Gynaecological/	...	Alternate Monday mornings
Obstetrical	...	(except last Monday in month) Alternate Tuesday mornings 2nd, 4th and 5th Wednesday afternoons
Medical ...	...	2nd and 4th Monday afternoons Alternate Tuesday mornings 2nd and 4th Tuesday afternoons 1st, 3rd and 5th Friday mornings
Dietician ...	...	1st Tuesday mornings
Surgical ...	...	1st and 3rd Tuesday afternoons 2nd and 4th Friday mornings
E.N.T. ...	...	2nd and 4th Wednesday mornings 1st, 3rd and 5th Wednesday afternoons
Eyes ...	...	Every Thursday morning and Alternate Thursday afternoons (either hospital or school)
Orthoptist	...	Thursday mornings and afternoons
Physiotherapy	...	Monday afternoons Alternate Friday afternoons
Psychiatric	...	Thursday afternoons
Skin ...	...	Thursday mornings
Paediatric ...	...	Wednesday mornings
Diabetic ...	...	1st Monday afternoon
Orthopaedic	...	1st and 3rd Friday afternoons

Infant Welfare Centres. The County Council provide this service and the centre is situated off Rectory Road. The welfare centre is held on Monday and Wednesday afternoons.

Rushden Senior Citizens' Goodwill Committee. This committee continued its good work amongst the old people of the town. During the year regular visits were made through ward committees to old people who were in hospital and who might otherwise have felt lonely and forgotten. At Christmas, 1,200 tins of tea and other gifts were distributed. The public spirited people who give so much of their time to this worthwhile cause are thanked for their valuable service to the community.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. The Higham Ferrers and Rushden Water Board is responsible for the water supply to the Borough. The Board provides a treated water supply and the sources of supply are as follows:

Above Ground Source—Sywell Reservoir, which has a capacity of 236,000,000 gallons, and is situated in the Wellingborough Rural District. The reservoir is dependent upon springs and surface rainwater from the surrounding catchment area, also two small brooks flow into the reservoir. The size of the catchment area is approximately 2,000 acres. Treatment of water at these works consists of slow sand filtration, rapid gravity filtration, followed by chlorination.

Under Ground Source of Supply—(a) *Hardwater Crossing, Wollaston.* The source of supply here is from wells sunk in the Nene river gravels. The water from this source is rather hard. Treatment of water consists of mechanical filtration, followed by chlorination.

(b) *Ditchford.* Water is extracted from the gravels by porous concrete collector ducts which are laid in the alluvial gravels adjacent to Ditchford lake. Treatment of water consists of rapid gravity filtration, partial softening, aeration, and finally, chlorination.

(c) Further sources of supply belonging to the Board are a gravel well at Earls Barton and springs at Grendon.

Quality of Water. The chemical analyses of water taken at Ditchford, Sywell and Wollaston Pumping Stations gave the following results:

	Final Water Wollaston Works	*Final Water Ditchford Works*	*Final Water Sywell Works*
Physical Characters	very slight deposit otherwise, Good	Good	Good
Reaction	p.H. 7.3	7.5	7.5

Chemical Analysis

Samples Contained	*Parts per* 100,000 *Sywell (treated)*	*Ditchford (treated)*	*Wollaston (treated)*
Chloride	3.4	9.4	6.4
Ammonia (Free and Saline)	0.0058	0.0034	0.0520
Ammonia (Albuminoid) ...	0.0206	0.0148	0.0816
Nitrate	0.15	nil	nil
Nitrite	absent	absent	absent
Poisonous Metals	absent	absent	absent
Calcium	16.2	13.6	14.2
Magnesium	0.71	1.10	1.10
Alkalinity	13.5	16.5	25.25
Total Hardness	17.7	28.8	31.0
Permanent hardness ...	10.6	17.2	14.8
Temporary hardness ...	7.1	11.6	16.2
Microscopic examination of deposit	mainly mineral matter	as Sywell	as Sywell
Bacteriological examination	c.o. absent	c.o. absent	c.o. absent

Water Samples. 454 samples were taken in the area of the Board during the year. Samples of treated water all gave satisfactory results.

Water Consumption. The following are combined figures for Rushden and Higham Ferrers.

	gallons
Average daily consumption ...	911,600
Domestic Use:	
Average per day	737,800
Trade Use:	
Average per day	173,800
Consumption/Head/Day	
Domestic	33.2
Trade	7.8

Piped Water Supply. New services. Private 170, Council 5.

The rainfall over the past 12 years was as follows:

		1957	1958	1959	1960	1961	1962	1963	1964
Rushden	...	23.72	26.85	18.4	31.64	18.90	19.27	21.45	18.22
Sywell	...	24.51	30.54	20.5	33.74	20.80	18.91	22.23	16.35

1965	1966	1967	1968	1969
25.89	28.89	20.22	30.43	23.07
28.98	28.96	25.23	28.29	22.13

Sewage Disposal, Drainage and Sewerage. The sewage disposal plant for the town is situated off the Wellingborough Road, and is well screened.

Trade effluents. Council investigate trade waste and effected trade effluent agreements with industry in 1965.

Disinfection. A steam disinfection station is maintained by the Council. Articles of clothing and bedding associated with cases of infectious diseases are sent here for disinfection. A service is also provided by request for neighbouring authorities to have similar work carried out.

Disinfection of houses following cases of infectious disease is carried out where necessary.

Swimming Baths. A heated open-air swimming pool run by the council is open during the summer months. A daily check on the quality of the baths water is made by the swimming baths manager, and monthly samples are taken by the Health Department for bacteriological examination.

Movable Dwellings. There is one licensed site for caravans. This is situated off the Bedford Road. It is a very well maintained site and the necessary amenities for the caravan dwellers are provided.

Public Cleansing. There is a weekly collection of household refuse and also facilities available for the tipping of trade waste. The tip is situated at Sidegate Lane, Finedon, in the old ironstone workings.

Atmospheric Pollution. The following figures give a comparison between the results of the deposit gauges and the estimated sulphur in the atmosphere by the lead peroxide method. Rainfall is also given.

Month	*Rainfall Inches*		*Deposited Matter Tons per sq. mile*		*Deposited Sulphur Milligrammes per 100 sq. centimetres*	
	1968	**1969**	**1968**	**1969**	**1968**	**1969**
January ...	1.89	2.72	24.58	6.30	1.47	1.53
February ...	1.30	1.77	5.57	7.84	1.14	1.83
March	0.75	2.29	11.74	9.64	1.16	1.17
April	2.05	1.06	14.01	7.34	0.86	1.26
May	1.93	4.02	4.67	14.91	0.44	0.76
June	1.54	1.38	9.30	11.34	0.37	0.66
July	5.67	2.13	11.84	8.34	0.52	0.61
August ...	2.96	2.17	6.60	4.90	0.38	0.55
September ...	4.37	0.32	10.60	4.14	0.55	0.79
October ...	2.05	0.16	6.10	3.06	0.83	0.79
November ...	2.05	1.69	7.07	6.30	1.10	1.30
December ...	1.50	1.69	6.74	3.84	1.66	1.40

Noise Abatement Act, 1960. The Council is responsible for investigating complaints under this Act, although it is often difficult to find a satisfactory solution to noise nuisance.

Rat Control

During the year a campaign for rat control was initiated by the Ministry of Agriculture, Fisheries and Food Pests Division concurrently in the three counties of Northamptonshire, Leicestershire and Rutland. Following a meeting held at Kettering in April a Rat Steering Committee was set-up, on which your medical officer served as a member, consisting of representatives of the Ministry of Agriculture, the Local Authorities and the National Farmers' Union. Later members of many other authorities including rivers, waterways, waterboards, rail, electricity, county landowners association and the forestry commission were invited to co-operate. The date of November 24th was selected for wholesale baiting to begin. In the interim local meetings and demonstrations were then held in all the Local Authority areas throughout the year, and a wide publicity campaign was mounted. This included press reports, advertisements, posters, demonstrations and reports and discussions on radio and television. These local meetings were at selected premises where talks were given, practical measures to control and destroy rats and mice were shown at farm premises together with a film demonstrating the damage to health, property and foodstuffs caused by rat and mice infestations. There was some co-operation from the farmers but the

numbers attending were not high. The council's own operative visited the farms in the district before the campaign in order to stimulate interest.

The scheme came into operation as arranged on November 24th and considerable success was achieved, but the need for efforts to be maintained continuously cannot be over-emphasised; to keep continually on the alert for any sign of the presence of rats and to institute immediate action before they get established and start breeding. The establishment of permanent baiting points is essential. These should be so placed that domestic animals cannot gain access and need constant inspection and replenishment.

SECTION D.

HOUSING.

The Council's building programme for the year was as follows:

No. of council houses constructed	—
No. under construction at the end of the year	—
No. of houses built by the Council since the war ...	1,083
Private houses constructed during the year	207
Private houses under construction at the end of the year	69

Clearance of Unfit Properties

Houses Closed

10 Albion Place	1

Houses Demolished in Clearance Areas

38-40 Pratt Road	2

Housing Applicants. The situation with regard to applicants for Council houses was as follows:

On general housing list	*In Rooms*	*Tenants*	*Engaged Couples*	*Total*
(a) Having completed a waiting period of 9 months	7	75	4	86
(b) Under 9 months (50% of nominal list)	—	—	—	40
(c) Applications for bungalows and 1 bedroomed flats	—	—	—	150
(d) Awaiting re-housing from clearance areas and condemned houses ...				—
				276

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

Food Premises. In order to maintain satisfactory high standards of food hygiene, frequent inspection of food premises is necessary. Routine inspection can only be carried out when personnel are available, but with shortage of staff, this important work suffers. During the year 34 samples of milk were taken, all were satisfactory.

Manufacture and Sale of Ice-Cream. 76 premises are registered for the sale of ice-cream. One for bulk, one for cold mix and 74 for pre-packed. During the year 40 samples were taken, all were Grade One.

Food and Drugs Act, 1955

SAMPLES TAKEN IN RUSHDEN URBAN DISTRICT IN THE 12 MONTHS ENDING 31ST MARCH, 1970

Milk	34	Brought forward ...	49
Antibiotic milks	4	Cream	2
Balsam	1	Fish products	1
Biscuits	1	Ice cream	2
Canned fruit	4	Jams, etc.	4
Cheese	1	Marzipan	2
Condensed Milk	2	Meat products	14
Condiments	2	Tablets	1
		Total	75
Carried forward ...	49		

Remarks

A sample which was taken from a farm collecting tank containing 132 gallons of milk was reported by the Public Analyst to have a solids-not-fat percentage of 8.25. The freezing point test which was subsequently applied confirmed that the depression of the solids-not-fat content was due to the presence of 2.22 of added water. Appeal samples taken during the milking of the herd two days later showed that the milk produced was perfectly satisfactory. Enquiries showed that the presence of water in the original sample was probably due to inefficient draining of the milking system after washing out with water. A formal caution was given to the dairy farmer concerned.

Four samples of untreated milk were submitted to the Public Health Laboratory and the brucella ring test was applied. All samples were reported to have reacted in a negative manner to the test.

Weights and Measures Act, 1963

10,401 articles were checked for weight or measure during the year and of these, 183 were found to be deficient whilst 154 were incorrect in other respects.

Whilst the proportion of unsatisfactory articles was somewhat higher than is usual, in no case was it necessary to institute legal proceedings. The errors were generally of a minor nature and it was possible to deal with them by advice or caution to the trader concerned at the time of detection.

With acknowledgement and thanks to the Chief Inspector, Weights and Measures Department, Northamptonshire.

Meat Inspection. This service is now covered by a full time authorised meat inspector who is responsible for one hundred per cent inspection and marking of all animals slaughtered. He also ensures that the Hygiene and Cruelty Regulations are complied with, and standards have been improved.

The management is keen and the business continues to expand, especially the trade in chilled and frozen meat, the delivery and distribution of which is also supervised.

PART I

(A) **MEAT INSPECTION**

Carcases inspected and condemned	*Cattle excluding Cows*	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*
Number killed					
Number *not* inspected	3,342	114	11	6,428	7,120
All diseases except Tuberculosis and Cysticerci					
Whole carcases condemned ...	4	3	3	3	42
Carcases of which some part or organ was condemned ...	1,354	65	—	1,429	3,562
Tuberculosis only					
Whole carcases condemned ...					
Carcases of which some part or organ was condemned ...	1				11
Cysticerci					
Carcases of which some part or organ was condemned ...	18				
Carcases submitted to refrigeration	18				
Generalised and totally condemned	—				

(B) **MEAT SPECIMENS EXAMINED**

The number of meat specimens from slaughterhouses submitted to laboratories for examination. Nil

(C) **MEAT INSPECTION (AMENDMENT) REGULATIONS 1966**

How many orders have been made specifying days and time of slaughtering at any slaughterhouses in the district	None

(D) **POULTRY**

1. Number of poultry slaughtering establishments	None
2. Total estimated average weekly throughout	Nil

PART II **SLAUGHTERHOUSES**

Prevention of Cruelty Regulations

Number of (a) prosecutions	Nil
(b) convictions	Nil

Hygiene Regulations

(1) PART III **EQUIPMENT**

Number of (a) prosecutions	Nil
(b) convictions	Nil

(2) PART IV **HYGIENIC PRACTICES**

Number of (a) prosecutions	Nil
(b) convictions	Nil

(F) **UNSOUND FOOD SURRENDERED OR CONDEMNED**

	Tons	*Cwts*	*lbs*
1. Meat at slaughterhouses	18	2	32
2. Meat at wholesale premises		17	30
3. Meat at retail shops			17
4. Cooked meat and meat products			
5. Canned meats		1	10
6. Other canned foods			
7. Fish			10
8. Fruit and vegetables (fresh)			
9. Other foods		10	25
Total	19	11	12

Offices, Shops & Railway Premises Acts, 1963

During the year the register of premises has been kept up to date by the lapsing of businesses that have closed or no longer employ staff and the addition of new businesses and 107 general inspections and 213 other visits carried out; this would mean that 161 of the 203 premises on the current register have now received a general inspection.

It has been necessary in the case of 89 of the 161 premises inspected to issue written and verbal notices; of these 70 informal notices have been sent and 19 verbal notices given.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Health Services and Public Health Act, 1968
Public Health (Infectious Diseases) Regulations
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:

Acute Encephalitis
Acute Meningitis
Acute Poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery (Amoebic or Bacillary)
Food Poisoning
Infective Jaundice
Leprosy
Leptospirosis
Malaria
Measles
Ophthalmia Neonatorum
Paratyphoid Fever
Plague
Relapsing Fever
Scarlet Fever
Smallpox
Tetanus
Tuberculosis
Typhoid Fever
Typhus
Whooping Cough
Yellow Fever

Since 1968 notification of the diseases listed below is no longer required:

Acute influenzal pneumonia
Acute primary pneumonia
Acute rheumatism
Erysipelas
Membranous croup
Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

Tuberculosis. There were three cases of tuberculosis notified. Section H, Table 1 shows the number of deaths from tuberculosis since 1929. However, there were no deaths from tuberculosis during 1969.

There is a very active After-Care Committee in the town which has continued to carry out its excellent work during the year. The Committee continues to hold such functions as sales, collections and competitions.

Patients suffering from other disorders of the chest and heart have also been visited and members of the committee regularly visited patients in hospital.

During the year grants of milk, eggs and provisions were made to the patients and convalescent holidays and gifts at Christmas were also provided.

The total number of cases of infectious diseases notified during the year was 153, an increase of 46 on last year's figure.

There were no cases of smallpox, cerebrospinal fever, diphtheria, puerperal fever, poliomyelitis, erysipelas, typhoid fever, or meningococcal infections.

Measles. There were 136 cases. This highly infective illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence, with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and this was available during the year. It is anticipated that in future years measles, in common with poliomyelitis and diphtheria will be virtually eradicated.

Whooping Cough. There were no notifications. Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however, in the majority of children who have received immunisation the illness is usually mild.

Scarlet Fever. 1 case was notified. This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

Poliomyelitis. No cases occurred, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

Food Poisoning. One case was notified.

The condition is usually caused by one of the Salmonella organisms of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous probably uncooked contaminated (often imported) meat being today one of the most frequent.

Smallpox. There were no cases. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

Diphtheria. There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease is kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

Sonne Dysentery. There were 3 cases notified during the year.

Infective Jaundice. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. Eight cases were notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15-50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

Under the Health Services and Public Health Act 1968, infective jaundice has now become nationally notifiable since October 1968.

SECTION G.

THE FACTORIES ACT, 1937 TO 1961.

There are 164 premises on the register. Further information is given in Section H. The number of outworkers (Part VIII of the Act) in the August list totalled 76 who were concerned with making wearing apparel.

SECTION H.

STATISTICAL TABLES.

TABLE No. 1.

DEATHS FROM SELECTED CAUSES, 1929-1969.

Year	Non-Pulmonary Tuberculosis		Pulmonary Tuberculosis		Cancer		Diseases of Heart and Blood Vessels		Bronchitis, Pneumonia and other Respiratory Diseases	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1929	—	—	12	0·85	21	1·49	39	2·76	9	0·64
1930	1	0·08	7	0·49	11	0·78	38	2·71	16	1·14
1931	—	—	10	0·70	17	1·18	47	3·29	23	1·61
1932	1	0·07	10	0·70	10	0·70	48	3·37	18	1·26
1933	2	0·13	14	0·97	20	1·39	53	3·69	9	0·62
1934	1	0·07	10	0·69	22	1·52	81	5·62	9	0·62
1935	6	0·41	5	0·34	16	1·09	51	3·50	12	0·82
1936	3	0·20	9	0·61	18	1·22	66	4·47	12	0·81
1937	—	—	4	0·26	21	1·41	68	4·56	10	0·67
1938	—	—	10	0·66	23	1·52	69	4·57	7	0·46
1939	1	0·06	11	0·70	23	1·46	57	3·63	9	0·57
1940	3	0·17	10	0·60	32	1·92	78	4·69	23	1·38
1941	1	0·06	13	0·52	32	1·81	79	4·48	26	1·47
1942	1	0·06	7	0·43	28	1·72	72	4·42	13	0·80
1943	—	—	5	0·32	32	2·00	51	3·29	20	1·29
1944	4	0·26	7	0·46	22	1·45	101	6·66	22	1·45
1945	2	0·14	4	0·28	24	1·76	101	7·17	9	0·63
1946	3	0·19	7	0·46	29	1·90	106	6·31	18	1·18
1947	1	0·06	8	0·51	15	0·97	115	7·44	17	1·10
1948	—	—	6	0·36	30	1·83	95	5·82	16	0·98
1949	2	0·12	7	0·42	31	1·88	123	7·49	23	1·40
1950	—	—	3	0·18	34	2·06	117	7·10	26	1·57
1951	1	0·06	3	0·18	26	1·60	93	5·73	24	1·47
1952	2	0·12	8	0·49	41	2·52	102	6·27	17	1·04
1953	—	—	3	0·18	28	1·70	85	5·18	16	0·97
1954	—	—	1	0·06	29	1·75	110	6·65	19	1·14
1955	—	—	—	—	28	1·69	108	6·52	18	1·08
1956	—	—	1	0·06	25	1·50	133	8·02	23	1·38
1957	—	—	—	—	34	2·03	84	5·03	16	0·95
1958	—	—	1	0·05	39	2·31	91	5·42	15	0·89
1959	—	—	3	0.17	39	2.29	112	6.59	14	0.82
1960	—	—	1	0.05	41	2.39	94	5.48	23	1.34
1961	—	—	2	0.11	40	2.30	84	4.83	26	1.49
1962	—	—	—	—	43	2.46	98	5.03	24	1.31
1963	—	—	—	—	28	1.71	113	6.44	36	2.05
1964	—	—	1	0.06	45	2.57	93	5.32	10	0.57
1965	—	—	—	—	43	2.44	101	5.74	17	0.97
1966	—	—	—	—	59	3.34	115	6.50	22	1.24
1967	—	—	1	0.06	39	2.21	107	6.05	21	1.19
1968	—	—	—	—	71	3.98	101	5.66	30	1.68
1969	—	—	—	—	49	2.56	94	5.18	30	1.65

TABLE No. 2

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR—1969.

Age	*Causes of death*	*Total*
Under 1 week	Birth Injury	1
	Other Causes	1
5 weeks to 52 weeks	Infectious disease	—
	Other causes	2
	TOTAL ...	4

TABLE No. 3.

DEATH AND BIRTH RATES FOR 1900-1969.

Year	Estimated Population mid-year	Net Births		Net Deaths belonging to District			
				Under 1 year		At all Ages	
		No.	Rate per 1,000 pop'tion	No.	Rate per 1,000 LiveB'ths	No.	Rate per 1,000 pop'tion
1900	14,359	434	30.2	65	149.0	153	10.6
1905	14,089	328	23.2	36	109.7	119	8.4
1910	16,442	278	16.9	20	71.9	128	7.7
1915	13,787	277	19.9	30	108.3	145	10.5
1920	14,402	328	22.7	24	73.1	133	9.2
1925	13,780	211	15.3	13	61.6	138	10.0
1930	14,020	191	13.6	7	36.6	121	8.6
1935	14,550	176	12.1	15	85.2	155	10.7
1940	16,580	200	12·4	16	77·7	233	14·1
1941	17,600	193	10·9	11	54·1	185	10·5
1942	16,250	251	15·5	6	23·9	163	10·0
1943	15,490	281	18·1	8	28·4	172	11·1
1944	15,140	278	18·4	15	53·9	202	13·3
1945	14,070	282	20·0	14	49·6	176	12·6
1946	15,210	270	17·74	9	33·33	215	14·13
1947	15,440	308	19·94	8	25·97	200	12·95
1948	16,320	283	17·34	9	31·80	184	11·27
1949	16,410	219	13·34	3	13·69	221	13·46
1950	16,460	227	13·79	10	44·05	222	13·48
1951	16,220	199	12·26	1	5·02	218	13·44
1952	16,250	200	12.30	1	5.00	204	12.55
1953	16,390	229	13.97	2	8.73	156	9.51
1954	16,540	229	13.84	7	30.56	187	11.30
1955	16,560	221	13.34	7	31.67	187	11.29
1956	16,580	221	13.32	2	9.04	209	12.60
1957	16,670	233	13.97	5	21.45	162	9.71
1958	16,760	242	14.43	3	12.39	175	10.44
1959	16,990	266	15.65	7	26.31	203	11.94
1960	17,140	269	15.69	4	14.86	191	11.14
1961	17,360	282	16.24	3	10.63	181	10.42
1962	17,470	293	16.77	8	27.30	203	11.61
1963	17,540	320	18.25	5	15.62	226	12.82
1964	17,490	319	18.24	6	18.81	199	11.38
1965	17,590	363	20.63	5	13.81	216	12.28
1966	17,680	355	20.08	4	11.27	226	12.78
1967	17,690	333	18.82	9	27.00	200	11.3
1968	17,850	358	20.1	3	8.4	233	13.0
1969	18,130	333	18.4	4	12.0	216	11.9

COMPARISON OF STILLBIRTHS, ILLEGITIMATE BIRTHS AND MASCULINITY OF BIRTH.

1939-69.

Year	*Stillbirths per* 1,000.		*Illegitimate births per* 1,000 *births.*	*Male births per* 1,000 *live female births.*
	Population of all ages.	*Total births (live and still).*		
1939	0·51	34·34	48·89	1008
1940	0·42	33·89	25·00	923
1941	0·51	44·54	56·99	1144
1942	0·31	19·54	75·70	1002
1943	0·89	47·45	53·46	1006
1944	0·55	32·05	133·09	1122
1945	0·21	20·83	95·74	1389
1946	0·39	21·73	55·55	1368
1947	0·38	25·47	32·46	1013
1948	0·61	34·12	42·40	1035
1949	0·12	9·04	36·52	1126
1950	0·30	21·55	30·83	1026
1951	0·18	14·85	35·17	809
1952	0.12	9.90	50.00	1000
1953	0.61	41.84	43.66	1385
1954	0.18	12.93	69.86	1063
1955	0.30	22.12	45.24	1046
1956	0.30	22.12	36.19	1302
1957	0.35	20.92	30.04	1099
1958	0.29	20.24	37.19	819
1959	0.35	22.05	71.42	1180
1960	0.23	14.65	22.30	921
1961	0.34	20.83	46.09	880
1962	0.17	10.13	51.19	927
1963	0.34	18.40	75.00	964
1964	0.40	21.47	58.28	1492
1965	0.17	8.19	41.32	984
1966	0.45	22.04	30.30	972
1967	0.60	21.00	15.1	1018
1968	0.17	8.4	76.0	1169
1969	0.39	21.00	63.0	1042

TABLE No. 5.

Prescribed particulars on the administration of the Factories Act, 1961

for the year 1969.

PART I OF THE ACT

1.—**Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	*Number on Register*	*Number of*		
		Inspections	*Written notices*	*Occupiers prosecuted*
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	157	—	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	2	—	—	—
TOTAL ...	164	*Nil*	*Nil*	*Nil*

Printed by Stanley L. Hunt (Printers) Ltd, Rushden

7534/70